

Henry County Health Department

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Public Health
Prevent. Promote. Protect.

Retail Food Establishment Permit Application

Name of Establishment _____ Telephone _____

Address _____

Parcel ID of Establishment _____

Name of Owner/Corporation _____ Telephone _____

Address _____

Email Address _____ Fax _____

Schedule of Operation _____

Number of Employees _____ Name of Certified Food Handler _____

Send Mail To (select one) ☐ Establishment ☐ Owner/Corporation

Required Annual Permit Fee (annual is operating more than 6 months each year):

Less than 20 employees:	\$75.00
20 to 49 employees:	\$100.00
More than 49 employees	\$150.00

Required Seasonal Permit Fee (seasonal is operating 6 months or less each year):

Less than 20 employees:	\$37.50
20 to 49 employees:	\$50.00
More than 49 employees	\$75.00

I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.

Signature _____ Date _____

For Office Use Only

Permit Number _____

Receipt Number _____

Permit Fee Paid _____

Issue Date _____

Expiration Date _____